


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P11483</b> 1. Entity Name <b>MANULI OIL &amp; MARINE (U.S.A.) INC.</b>	
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Principal Place of Business <b>2755 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306</b>	Mailing Address <b>2755 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306</b>
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01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>22-2574809</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>HUGHES, M. DANIEL 3000 N. FEDERAL HWY BLDG 2, SUITE 200 FT. LAUDERDALE, FL 33306</b>
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**DO NOT WRITE  
IN THIS SPACE**

**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FURNESS, ROBERT L 2701 NE 8TH ST POMPAHO BEACH, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SHARP, JUNETTE D. (ASST) 4221 NE 29TH AVENUE FT. LAUDERDALE, FL</b>
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01/13/04-80056-010 158.75

**DO NOT WRITE  
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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 7, 2004 954 561-3777

Date Daytime Phone #